

## **Appendix B to the Third Amended Master Consolidated Complaint**

**AMENDED LIST OF  
PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY ABBOTT**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PETHW	Indiv. Pltfiff. Purchaser
ABBOTT	A-Methapred	methylprednisolone sodium succinate		X					
	Aminosyn	amino acid							
	Biaxin*	clarithromycin	X	X	X	X	X	X	
	Calcijex	calcitrol							
	Depakote*	divalproex sodium	X	X	X	X	X	X	
	Ery-tab	erythromycin, enteric-coated	X	X	X	X	X	X	
	Erythromycin	erythromycin base	X	X	X		X	X	
	Liposyn II	fat emulsion							
	Prevacid	lansoprazole		X		X			
		acetylcysteine							
		acyclovir sodium							
		amikacin sulfate							
		cimetidine hydrochloride							
		clindamycin phosphate							
		destrose sodium chloride							
		dextrose							
		diazepam			X				

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

Manufacturer	Brand Name (if applicable)	Generic Name	UPC#	TCBW	THWF	CMHV	MAN	PETHW	Indiv Pltff. Purchaser
		fentanyl citrate							
		furosemide							
		gentamicin sulfate	X						
		heparin sodium or heparin lock flush	X			X			
		leucovorin calcium							
		lorazepam	X						
		sodium chloride			X			X	
		tobramycin sulfate	X						
		vancomycin hydrochloride							

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY AMGEN**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PFTHW	Indiv. Pltff. Purchaser
AMGEN	Aranesp	darbepoetin alfa albumi	X						
	Enbrel	etanercept	X		X				
	Epogen	epoetin alfa	X		X				
	Kineret	anakinra	X		X				
	Neulasta	pegfilgrastim	X						
	Neupogen	filgrastim	X	X	X	X			

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY ASTRAZENECA**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PETHW	Indiv. Plff. Purchaser
ASTRAZENECA	Accolate*	zafirlukast	X	X	X	X		X	
	Armidex*	anastrozole					X		
	Atacand*	candesartan cilexetil	X	X	X	X	X	X	
	Atacand HCT*	candesartan cilexetil- hydrochlorothiazide	X		X	X	X	X	
	Casodex*	bicalutamide	X	X	X	X	X	X	
	Diprivan	propofol							
	Entocort*	budesonide	X	X	X			X	
	Nexium*	esomeprazole magnesium	X	X	X	X	X	X	X
	Nolvadex*	tamoxifen citrate	X		X			X	
	PriLOSEC*	omeprazole	X	X	X	X	X	X	X
	Pulmicort*	budesonide (inh)	X	X	X		X	X	
	Rhinocort*	budesonide (nasal)	X	X	X	X	X	X	
	Seroquel*	quetiapine fumarate	X	X	X	X	X	X	
	Toprol*	metoprolol succinate	X	X	X	X	X	X	
	Zestril	lisinopril	X	X	X	X	X	X	
	Zoladex	goserelin acetate			X				
	Zomig*	zolmitriptan	X	X	X	X	X	X	

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY THE AVENTIS GROUP**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PETHW	Indiv. Pltf. Purchaser
AVENTIS GROUP (Aventis, Pharma, Hoechst & Behring)	Allegra *	fexofenadine	X	X	X	X	X	X	
	Allegra-D*	fexofenadine pseudoephedrine	X	X	X	X	X	X	
	Amaryl	glimepiride	X	X	X	X	X	X	
	Anzemet*	dolasetron mesylate	X		X	X		X	
	Arava*	leflunomide	X		X	X		X	
	Azmacort*	triamcinolone aceonide (inh)	X	X	X	X	X	X	
	Calcimar	calcitonin salmon				X			
	Carafate*	sucralfate	X	X	X			X	
	Cardizem	diltiazem		X			X	X	
	Gammari- PI.V	immune globulin							
	Intal	cromolyn sodium		X		X		X	
	Nasacort*	triamcinolone acetonide (nasal)	X	X	X	X	X	X	
	Taxotere	docetaxel							
	Trental*	pentoxifylline	X	X	X			X	

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY BAXTER**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PFTHW	Indiv. Pltff Purchaser
BAXTER	Aggrastat								
	Ativan	lorazepam	X	X	X	X		X	
	Bebulin VH	factor ix (systemic)							
	Brevibloc	esmolol hcl							
	Buminate	albumin (human)							
	Claforan	cephalosporin (Systemic)							
	Gammagard S/D	immune globulin solution							
	Gentran								
	Holoxan/ifex								
	Iveegam EN	Immune globulin iv							
	Osmitol								
	Recombinate	factor viii							
	Travenol								
	Vancocin HCl	Vancomycin hydrochloride				X		X	
		cisplatin							
		dextrose							
		dextrose sodium chloride							

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PFTHW	Indiv. Pltff. Purchaser
		doxorubicin hcl							
		gentamicin							
		heparin							
		sodium chloride	X	X	X			X	

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY BAYER**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PFTHW	Indiv. Pltf. Purchaser
BAYER	Cipro	ciprofloxacin or ciprofloxacin hcl	X	X	X	X	X	X	
	Cipro XR	ciprofloxacin hcl- ciprofloxacin betaine					X	X	
	DTIC- Dome	dacarbazine							
	Gammimune N	immune globulin (human) iv							
	Koate-HP	antihemophilic factor (human)							
	Kogenate	antihemophilic factor (recombinant)							
	Mithracin	plicamycin							

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY THE BOEHRINGER GROUP**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PFTHW	Indiv. Plff. Purchaser
BOEHRINGER GROUP (Boehringer, Ben Venue, Bedford)	Viramune	nevirapine	X		X	X		X	
		acyclovir sodium							
		amikacin sulfate							
		cytarabine							
		doxorubicin hydrochloride							
		etoposide							
		leucovorin calcium							
		methyltraxate sodium							
		mitomycin							
		vinblastine							
		vinblastine sulfate							
	Atrovent								X

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY BRAUN**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PETHW	Indiv. Pltff. Purchaser
BRAUN		dextrose							
		dextrose in lactated ringers							
		dextrose w/ sodium chloride							
		heparin sodium (porcine) in d5w							
		sodium chloride						X	
		sodium chloride (gu irrigant)	X	X	X				

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY THE BMS GROUP**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHIV	MAN	PFTHW	Indiv. Plff. Purchaser
BMS GROUP	Avapro	irbesartan	X	X	X		X	X	
	Blenoxane	bleomycin sulfate	X						
	Buspar*	buspirone hcl	X	X	X	X	X	X	
	Carboplatin	paraplatin			X				
	Cefzil*	cefprozil	X	X	X	X	X	X	
	Coumadin*	warfarin sodium	X	X	X	X		X	
	Cytoxan	cyclophosphamide	X		X				
	Etopophos	etoposide phosphate							
	Glucophage*	metformin hcl	X	X	X	X	X	X	
	Monopril*	fosinopril sodium	X	X	X	X	X	X	
	Monopril HCT	fosinopril sodium & hydrochlorothiazide	X		X		X		
	Plavix	clopidogrel bisulfate	X	X	X	X	X	X	X
	Rubex	doxorubicin hcl							
	Serzone*	nefazodone hcl	X	X	X	X	X	X	
	Taxol	paclitaxel			X				
	Tequin*	gatifloxacin	X	X	X		X	X	X
	Vepesid	etoposide	X		X				
	Videx EC	didanosine	X		X		X	X	

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PFTHW	Indiv. Pltf. Purchaser
		amikacin sulfate							
		amphotericin b							

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

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**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY DEY**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCEW	THWF	CMHV	MAN	PFTHW	Indiv. Pltff. Purchaser
DEY		acetylcysteine	X		X			X	
		albuterol or albuterol sulfate	X	X	X		X	X	
		cromolyn sodium	X		X				
		ipratropium bromide	X	X	X			X	
		metaproterenol sulfate							

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY THE FUJISAWA GROUP**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PFTHW	Indiv. Pltff. Purchaser
FUJISAWA GROUP (Fujisawa, Pharmaceutical, Fujisawa Healthcare & Fujisawa USA)	Aristocort	triamcinolone, triamcinolone diacetate or triamcinolone acetonide				X		X	
	Aristospan	triamcinolone hexacetonide							
	Cefizox	ceftizoxime sodium or ceftizoxime in d5w							
	Cyclocort	amcinonide	X	X	X	X	X	X	
	Lyphocin	vancomycin hydrochloride							
	Nebupent	pentamidine isothionate							
	Pentam 3000	pentamidine isothionate							
	Prograf	tacrolimus	X		X	X		X	
		vinblastine sulfate							
		acyclovir sodium							
		dexamethasone sodium phosphate							
		doxorubicin hydrochloride							
		fluorouracil							
		gentamicin sulfate	X						

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY THE GSK GROUP**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PETHW	Indiv. Pltfiff. Purchaser
GSK GROUP (GlaxoSmithKline, SmithKline, Beecham, Glaxo Welcome)	Advair Diskus	salmeterol-fluticasone	X	X	X	X	X	X	
	Agenerase*	amprenavir	X					X	
	Alkeran*	melphalan	X	X	X			X	
	Amerge*	naratriptan succinate	X	X	X	X	X	X	
	Beconase AQ*	beclomethasone dipropionate monohydrate	X	X	X	X	X	X	
	Ceftin*	cefuroxime axetil	X	X	X	X	X	X	
	Combivir*	lamivudine-zidovudine	X		X	X	X	X	
	Daraprim*	pyrimethamine	X						
	Epivir*	lamivudine	X		X			X	
	Flonase*	fluticasone propionate (nasal)	X	X	X		X	X	
	Flovent*	fluticasone propionate (inh)	X	X	X	X	X	X	
	Imitrex*	sumatriptan or sumatriptan succinate	X	X	X	X	X	X	

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PFTHW	Indiv. Pltff. Purchaser
	Kytril	granisetron hcl	X		X		X	X	
	Lamictal*	lamotrigine	X	X	X	X		X	
	Lanoxin*	digoxin	X	X	X	X	X	X	
	Leukeran*	chlorambucil	X		X				
	Mepron*	atovaquone	X		X			X	
	Myleran*	busulfan							
	Navelbine	vinorelbine tartrate			X				
	Paxil*	paroxetine hcl	X	X	X	X	X	X	
	Purinethol*	mercaptopurine	X	X	X			X	
	Relenza*	zanamivir	X	X	X			X	
	Retrovir*	zidovudine	X		X			X	
	Serevent*	salmeterol xinofoate	X	X	X	X	X	X	
	Trizivir*	abacavir sulfate-lamivudine-zidovudine	X		X		X	X	

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PETHW	Indiv. Pltf. Purchaser
	Valtrex*	valacyclovir hcl	X	X	X	X	X	X	
	Ventolin HFA*	albuterol sulfate	X	X	X	X		X	
	Wellbutrin*	bupropion hcl	X	X	X	X	X	X	
	Zantac	ranitidine hydrochloride	X	X	X	X	X	X	
	Ziagen	abacavir sulfate	X		X			X	
	Zofran*	ondansetron hcl	X	X	X	X		X	
	Zofran ODT	ondansetron	X		X			X	
	Zovirax*	acyclovir	X	X	X	X	X	X	
	Zyban*	bupropion hcl			X		X	X	
		thioguanine						X	

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY HOFFMAN-LA ROCHE**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PFTHW	Indiv. Plff. Purchaser
HOFFMAN-LA ROCHE	Cellcept	mycophenolate mofetil	X	X	X		X	X	
	Cellcept IV	mycophenolate mofetil hcl							
	Kytril	granisetron hcl	X		X			X	

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

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**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY IMMUNEX**

Manufacturer	Brand Name (if applicable)	Generic Name	URCW	TCBW	THWF	CMHV	MAN	PFTHW	Indiv. Pltff. Purchaser
IMMUNEX	Leukine	sagamostin							
	Novantrone	mitoxane hydrochloride			X				
	Thioplex	lyophilized thiotepa	X						
		leucovorin calcium			X				
		methotrexate sodium	X		X				

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY THE JOHNSON & JOHNSON GROUP**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PETHW	Indiv. Pltf. Purchaser
JOHNSON & JOHNSON GROUP (J&J, Ortho and	Aciphex*	rabeprazole sodium	X	X	X	X	X		
Centocor)	Bicitra*	sodium citrate & citric acid	X					X	
	Duragesic*	fentanyl	X	X	X	X	X	X	
	Elmiron*	pentosan polysulfate sodium	X	X	X			X	
	Erycette*	erythromycin	X		X				
	Flexeril*	cyclobenzaprine	X		X	X		X	
	Floxin*	ofloxacin	X	X	X	X	X	X	
	Grifulvin*	griseofulvin microsize	X		X	X	X	X	
	Haldol*	haloperidol lactate	X		X				
	Haldol Decanoate*	haloperidol decanoate	X						
	Levaquin*	levofloxacin	X	X	X	X	X	X	

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PFTHW	Indiv. Pltff. Purchaser
	Monistat*	miconazole nitrate	X	X	X	X			
	Mycelex*	clotrimazole	X	X	X	X		X	
	Pancrease*	amylase-lipase-protease	X		X	X		X	
	Parafon Fort*	chlorzoxazone	X		X	X		X	
	Polycitra*	potassium & sodium citrates w/ citric acid	X		X			X	
	Procrit	epoetin alfa	X		X				
	Regranex*	becaplermin	X		X	X		X	
	Remicade		X		X				
	Reminyl*	galantamine hydrobromide	X		X			X	
	Renova*	tretinoin	X	X	X			X	
	Retin-A*	tretinoin	X	X	X	X		X	X
	Retin-A Micro*	tretinoin microsphere	X	X	X	X	X	X	
	Risperdal*	risperidone	X	X	X	X	X	X	

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PETHW	Indiv. Pltfiff Purchaser
	Spectazole*	econazole nitrate	X	X	X	X	X	X	
	Sporanox*	itraconazole	X	X	X	X		X	
	Terazol*	terconazole vaginal	X	X	X	X	X	X	
	Testoderm*	testosterone	X	X	X	X		X	
	Tolectin*	tolmetin sodium	X		X	X			
	Topamax*	topiramate	X	X	X	X	X	X	
	Tylox*	acetaminophen w/ codeine	X	X	X	X		X	
	Tylenol with codeine				X	X		X	
	Ultracet*	tramadol-acetaminophen	X	X	X		X	X	
	Ultram*	tramadol hcl	X	X	X	X	X	X	
	Urispas	flavoxate hydrochloride	X						
	Vascor*	bepridil hcl	X					X	

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY NOVARTIS**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PFTHW	Indiv. Pltf. Purchaser
NOVARTIS	Clozaril*	clozapine	X	X	X			X	
	Combipatch*	estradiol & norethindrone acetate	X	X	X	X	X	X	
	Comtan*	entacapone	X			X		X	
	Estraderm*	estradiol	X	X	X	X		X	
	Exelon*	rivastigmine tartrate	X		X			X	
	Femara*	letrozole	X		X			X	
	Lamisil*	terbinafine hcl	X	X	X	X	X	X	
	Lamprene*	clofazimine							
	Lescol*	fluvastatin sodium	X	X	X	X	X	X	
	Lotensin*	benazepril hcl	X	X	X	X	X	X	
	Lotensin HCT*	benazepril & hctz	X		X	X		X	
	Lotrel*	amlodipine besylate- benazepril hcl	X	X	X	X	X	X	

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PFTHW	Indiv Pltff. Purchaser
	Miacalcin*	calcitonin (salmon)	X		X	X	X	X	
	Parlodel*	bromocriptine mesylate	X	X	X		X	X	
	Ritalin*	methylphenidate hcl	X		X	X		X	
	Starlix*	nateglinide	X	X	X		X	X	X
	Tegretol*	carbamazepine	X	X	X	X	X	X	
	Trileptal	oxcarbazepine	X	X	X		X	X	
	Vivelle	estradiol	X		X		X	X	
	Vivelle-DOT	estradiol	X		X	X	X	X	

X Denotes purchase of the particular drug by Plaintiff

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**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY PFIZER**

Manufacturer	Brand Name (if applicable)	Generic Name	URCW	TCBW	THWF	CMHV	MAN	PETHW	Indiv. Plff. Purchaser
PFIZER	Accupril	quinapril hcl	X	X	X	X		X	
	Cardura	doxazosin mesylate	X	X	X	X	X	X	
	Estrostep FE	norethindrone-ethinyl estradiol-fe		X	X	X		X	
	Femhrt 1/5	ethinyl estradiol-norethindrone acetate	X	X	X	X	X	X	
	Lipitor	atorvastatin calcium	X	X	X	X	X	X	X
	Nardil	phenelzine sulfate	X		X			X	
	Neurontin	gabapentin	X	X	X	X	X	X	
	Zithromax	azithromycin	X	X	X	X	X	X	
	Zoloft	sertraline hcl	X	X	X	X	X	X	X
	Zyrtec	cetirizine hcl	X	X	X	X	X	X	

X Denotes purchase of the particular drug by Plaintiff

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**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY THE PHARMACIA GROUP**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PFTHW	Indiv. Pltff. Purchaser
PHARMACIA GROUP	Adriamycin	doxorubicin hydrochloride							
(Pharmacia and Pharmacia &Upjohn)	Adrucil	fluorouracil							
	Amphocin	amphotericin b							
	Cleocin-T	clindamycin phosphate (topical)	X	X	X	X	X	X	
	Celebrex	celecoxib	X	X	X	X	X	X	
	Cytosar-U	cytarabine							
	Depo-Testosterone	testosterone cypionate	X	X	X	X			
	Neosar	cyclophosphamide							
	Solu-Cortef	hydrocortisone sodium succinate	X		X				
	Solu-Medrol	methylprednisolone sodium succinate	X		X				
	Toposar	etoposide							
	Vincasar	vincristine sulfate							
		bleomycin sulfate							

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY THE SCHERING-PLOUGH GROUP**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PFTHW	Indiv. Pltf. Purchaser
SCHERING-PLOUGH GROUP	Claritin	desloratadine	X	X	X		X	X	X
(Schering-Plough and Warrick)	Claritin	loratadine	X	X	X	X	X	X	
	Claritin-D	loratadine & pseudoephedrine	X	X	X	X	X	X	
	Diprolene	aug betamethasone dipropionate	X	X	X	X	X	X	
	Diprosone	betamethasone dipropionate	X		X			X	
	Elocon	mometasone furoate	X	X	X	X	X	X	
	Eulexin	flutamide	X		X				
	Integritin	eptifibatide							
	Intron-A	interferon alfa-2b	X			X			
	K-Dur								X
	Lotrisone	clotrimazole w/ betamethasone	X	X	X	X	X	X	
	Nasonex	mometasone furoate (nasal)	X	X	X	X	X	X	
	Peg-Intron	peginterferon alfa-2b	X		X		X		
	Proventil	albuterol	X	X	X	X	X	X	
	Rebetol	ribavirin	X		X		X	X	
	Sebizon	sulfacetamide sodium	X		X				

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PFTHW	Indiv. Pltf/Purchaser
	Temodar	temozolomide	X		X			X	
	Trinalin Rep	azatadine & pseudoephedrine	X		X			X	
	Vanceril	beclomethosone (nasal)	X	X	X	X	X	X	
		clotrimazole		X					
		griseofulvin ultramicro crystalline							
		oxaprozin							
		perphenazine		X					
		theophylline		X					
		albuterol	X	X	X	X	X	X	
		sodium chloride				X		X	
		ismn							
		potassium chloride				X	X	X	
		sulcrafate							

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY THE SICOR GROUP**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWE	CMHV	MAN	PETHW	Indiv. Pltff Purchaser
SICOR GROUP (Sicor, Gensia and Gensia-Sicor)		acyclovir sodium							
		amikacin sulfate							
		amphotericin b							
		doxorubicin hydrochloride							
		etoposide							
		leucovorin calcium	X						
		pentamidine isethionate							
		tobramycin sulfate	X						

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY TAP**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PFTHW	Indiv. Pltff. Purchaser
TAP	Prevacid	lansoprazole	X	X	X	X	X	X	

X Denotes purchase of the particular drug by Plaintiff

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\* Denotes drug covered by Together Rx Program.

**PURCHASES MADE BY PLAINTIFFS  
OF DRUGS MANUFACTURED/DISTRIBUTED BY WATSON**

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PETHW	Indiv. Pltff. Purchaser
WATSON	Ferrlecit	sodium ferric gluconate complex in sucrose injection							
	InfeD	iron dextran	X						
		dexamethasone acetate	X		X				
		dexamethasone sodium phosphate				X			
		diazepam	X	X	X	X			
		estradiol	X		X		X	X	
		gentamicin sulfate	X		X	X			
		lorazepam	X	X	X		X	X	
		propanolol hcl							
		ranitidine hcl	X					X	
		vancomycin hcl							
		fluphenazine hcl	X						
		gemfibrozil	X						
		imipramine hcl							
		nadolol	X		X				
		perphenazine							

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

Manufacturer	Brand Name (if applicable)	Generic Name	UFCW	TCBW	THWF	CMHV	MAN	PFTHW	Indiv. Pltff. Purchaser
		verapamil hcl	X					X	

X Denotes purchase of the particular drug by Plaintiff

\* Denotes drug covered by Together Rx Program.

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